



## BOARD OF PERSONNEL APPEALS

### EMPLOYEE CLASSIFICATION & WAGE APPEAL

#### FORMAL APPEALS STEPS (Each step should be dated as initiated)

- I Date \_\_\_\_\_
- II Date \_\_\_\_\_
- III Date \_\_\_\_\_

Instructions: Fill out the form and follow the steps below. This form cannot be submitted to the Board of Personnel Appeals unless all steps have been completed. If this is a group appeal, it must be submitted before Step 1 for pre-approval. **The appeals procedure is detailed in Board of Personnel Appeals Rules and Regulations ARM 24.26.508. (Copies available in each departmental personnel office) or at (<http://erd.dli.mt.gov/labor-standards/board-of-personnel-appeals.html>).** Any effort to impede the appeal process should be reported to the Board of Personnel Appeals.

1. Name of Employee: \_\_\_\_\_  
Last First Middle Initial
2. Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_
3. Designated Representative (if any): \_\_\_\_\_
4. Present Classification: \_\_\_\_\_  
Classification Code: \_\_\_\_\_ Position Number: \_\_\_\_\_
5. Department: \_\_\_\_\_ Address (Building and Street) \_\_\_\_\_  
Division: \_\_\_\_\_ City: \_\_\_\_\_  
Bureau: \_\_\_\_\_ Room Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_
- Has there been an information attempt to resolve the appeal in question? \_\_\_\_\_
- Others in my work unit (section, bureau, division etc) may have a classification issue similar to mine \_\_\_\_\_ Yes \_\_\_\_\_ No

#### STEP I

I hereby invoke the formal appeals procedure guaranteed in Section 2-18-1011 MCA, as outlined in ARM 24.26.508. I certify that all facts stated here are correct to the best of my knowledge and belief.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Discuss the reason for this appeal and possible solutions to the problem. A list of appealable issues is at the bottom of this form.

Continuance of the appeal – Submission to Department head/designee: \_\_\_\_\_  
Date received by Department Head or Designee: \_\_\_\_\_

Findings of the department head/designee:

<b>STEP II</b>	Continuance of appeal - Submission to Department of Administration, State Personnel Division: <div style="text-align: right; margin-top: 10px;">           _____            Date received by Department Head or Designee         </div>
Findings of the State Personnel Division: <div style="text-align: right; margin-top: 100px;">           Date appeal returned to Employee: _____            Signature: _____            (Department head or Designee)         </div>	
<b>STEP III</b>	Continuance of appeal - submission to Board of Personnel Appeals for final resolution <div style="text-align: right; margin-top: 10px;">           _____            Date received by the Board of Personnel Appeals         </div>
Findings and decision of the Board of Personnel Appeals:* (additional comments will be attached) <div style="text-align: right; margin-top: 100px;">           Date appeal returned to Employee: _____         </div>	

**If there are any questions concerning appeal procedure, contact the  
Board of Personnel Appeals,  
PO Box 201503, Helena, MT 59620-1503, Telephone: (406)444-0032**

**APPEALABLE ISSUES**

Pursuant to section 2-18-203(2), MCA, the pay band assigned to an occupation and benchmarks are not an appealable subjects. The appeal shall be described in terms of the following appealable issues:

- Substantial changes have occurred in this position to warrant reclassification. Specifically, this position should be allocated to (list band level and occupation title);
- This position was incorrectly allocated to (list band level and occupation title) and should be allocated to (list band level and occupation title);
- The classification rules have been incorrectly applied to this position (specific rule(s) should be cited);
- "Other", but the issue must specifically relate to classification.